U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 97/6	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name VERN GOSNEY	Name UNITED ASSOCIATION OF PLUMBERS LOCAL 342	
	Labor Organization File Number 033-320	
PO Box, Bidg Room No if any	P O Box Building and Room Number if any	
Street 935 DETROIT AVENUE	Street 935 DETROIT AVENUE	
City CONCORD	Crity CONCORD	
State California ZIP Code + 4 94518-2501	State California ZIP Code + 4 94518-2501	
5 Position in labor organization TRUSTEE AND AT WILL EMPLOYEE		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of		
monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of interest, Transaction or Income	
Name		
Trade Name if any		
PO Box, Bldg Room No if any		
Street	7 b Amount	
City		
State ZIP Code + 4		
Signature		
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)		
Signed Vern Hosney	On 68-12-05 707-864-8716  Date Telephone Number	
Form I M-30 (2003)		

Name of Person Filing VERN GOSNEY	File Number U	
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is activity) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or Brectly to or otherwise	
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4  10 if 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bldg Room No if any	9 Business deals with  a Labor Organization  b Trust  c Employer  11 a Nature of such dealing	
Street	11 b Approximate dollar value of such dealing	
State ZIP Code + 4	12 a Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4	14 a Nature of payment	
13.b is the Business an Employer or Consultant ?	14 b Amount of payment	

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For Official Use Only  READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
OLW S &		
1 File Number U 19703	2 Fiscal Year Covered From	
	[]/[]/04 Through []/31/04	
3 Name and address of person filing	4 N me file number and address of labor organization	
Name WIELIAM 9 Franks	Lebar Organization File Number 035-725	
PO Box Bidg Room No If any	P O Box Building and Room Number if any	
Street 19 MANOR CT	Street 24-16 Queens Plaza South Rm 306	
CITY MANAGADAN	City L. I. C	
State 7 7 1 ZIP Code + 4 07726	State 11/0/	
5 Position in labor organization = " Shoot Shaurand"		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  {except as specified in the exclusions set forth in the instructions}  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively sceking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name Daily News L.P	Business meals with James Brill	
Trade Name If any Dally News		
PO Box Bidg Room No if any	7 b Amount	
Street 450 West 334 St.	1/21/04-2700	
City N, Y.	7/23/04-44800	
State No. ZIP Code + 4 10000	9/28/04# 46.00	
Signature		
16 Signature and verification. The undersigned declares, under penalty of submitted in this ruport (including the information contained in any accompaniundersigned a knowledge and belief, true, correct, and complete. (See the see Signed.)	ving documents) has been examined by the signatory and is no the best of the	

Name of Person Filing	File Number U	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the busines of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8 Name and address of Business (Including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	9 Buşiness deals with  a Labor Organization  b Trust  c Employer	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  ZiP Code + 4	11 a Nature of such dealing  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name Trade Name if any  P O Box Bldg Room No if any  Street  City  State  1 ZIP Code + 4	14 a Nature of payment	
13 b is the Business an Employer or Consultant 7	14 b Amount of payment.	

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As Chapel Chair (Shop Steward) I am not an officer under the Union's Constitution However since my Employer may list me on its LM-10 form, I am filing the attached LM-30 form, even though I do not think that I am required to do so

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